



**Donald T. Boumans Foundation**  
Credit Card Authorization

Please print all information clearly.

Date: \_\_\_/\_\_\_/\_\_\_

Name on Card: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Credit Card Type: (Please Circle One) Visa MC AX Discover

Credit Card Account #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Security Code \_\_\_\_\_

Total of Donation: \$ \_\_\_\_\_

This is to authorize DTB Foundation to charge the above credit card for the donation amount indicated. DTB Foundation is a non-profit organization and all donations are tax deductible.

**Authorized Signature:** \_\_\_\_\_  
(Will not be processed without signature)

Email form to: [Peggy.Dean@EchoGroup.net](mailto:Peggy.Dean@EchoGroup.net)